

WES MOORE
Governor

ARUNA MILLER
Lt. Governor



MARIE GRANT
Acting Commissioner

JOY Y. HATCHETTE
Deputy Commissioner

DAVID COONEY
Associate Commissioner
Life and Health Unit

200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202
Direct Dial: 410-468-2471 Fax: 410-468-2020
1-800-492-6116 TTY: 1-800-735-2258
www.insurance.maryland.gov

Date: January 29, 2025

Bill # / Title: Senate Bill 156 - Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage

Committee: Senate Finance Committee

Position: Letter of Information

The Maryland Insurance Administration (MIA) appreciates the opportunity to provide information regarding Senate Bill 156.

The bill requires the Maryland Department of Health (MDH) to establish a program to provide universal newborn nurse home visiting services to all families with newborns residing in the State. The aim of the bill is to create a program that would, with consultation from relevant stakeholders, provide universal newborn nurse home visiting services to all families with newborns residing in the State and to tailor the program to meet individual community needs. The legislation requires MDH, in collaboration with the MIA, to write regulations that contain the criteria for the covered services and to develop a reimbursement formula to be paid to providers of the new services.

While the bill's intent is to facilitate a comprehensive nurse home visiting program tailored to the needs of specific communities, the MIA notes that the bill places a substantial mandate on a very limited subset of Maryland's private insurance market.

The bill's provisions of required coverage and reimbursement would only apply to a very limited subset of the insured - namely those in the large group market and the individual grandfathered market. Sections 31-116(a), (c), and (d) of the Insurance Article indicate that mandates required after December 31, 2011 are not applicable to the non-grandfathered individual and small employer markets if the mandates are not included in the State benchmark plan.

If the bill were drafted to apply to individual and small group products, this could have the effect of triggering Affordable Care Act (ACA) defrayal requirements that require the state to cover the costs for any new mandates that go beyond the state's benchmark plan for Essential Health Benefits.

Senate Bill 156 requires that the MIA collaborate with MDH to create a formula which establishes the reimbursement rate for the providers. MIA notes that the process of creating a formula would involve hiring actuarial consultants with expertise in newborn nurse home visiting services, which create a fiscal impact to the MIA.

Thank you for the opportunity to provide this letter of information. The MIA is available to provide additional information and assistance to the committee.